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T. HAMPTON APR 1 2 2010

EXAMINER

COVER LETTER

Division of Co							
SUBJECT:	Radica	al Racing LLC					
Name of Limited Liability Company							
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	condence concerning this matter	to the following:					
	Joe Nolan Name of Person						
Radical Racing LLC							
		Firm/Company					
		12523 Old Plank Rd					
	J	Jacksonville, FL 32220 City/State and Zip Code					
support@radicalracing.com E-mail address: (to be used for future annual report notification)							
For further information	concerning this matter, please of						
Joe Nolan Name of Person		at (904) 33	78-1355				
Name	or rerson	Area Coue & Daytine 1	сієркове миносі				
Enclosed is a check for	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L (A F	Radical Ra iability Compa- lorida Limited L	ncing LLC ny as it now appears of itability Company)	n our records.)	, ,		
The Articles of Organization for this Limited Liab Florida document number	07/28/2008	and assigned				
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company,	" the designation "Ll	LC" or the ab	breviation	
Enter new principal offices address, if applicat	ole:	12523 Old Plan	k Rd	10 APR	VISION	
(Principal office address MUST BE A STREET	ADDRESS)	Jacksonville, FL	. 32220	- * 9	od ode	
Enter new mailing address, if applicable:		12523 Old Plan	k Rd	PH 1:	OF STA	
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 32220		3	SNOIL	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter th	ne name of	the new	
Name of New Registered Agent:	Joe Nolan					
New Registered Office Address:	12523 Old Plank Rd Enter Florida street address					
	1.			32220	l	
	Jacksonville City		, Florida	Zip Code	·	
New Registered Agent's Signature, if changing Re	gistered Agent:	<u>.</u>				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Title** Name | <u>Address</u> **Type of Action MGRM** Cary C Watson 1295 Lovett Rd ☐ Add Orange Park, FL 32065 ✓ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 1 2010 Dated_

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Signature

Filing Fee: \$25.00

Joe Nolan
Typed or printed name of signee

of a member or authorized representative of a member